



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

SEP 11 2003

HEALTH AFFAIRS

Mr. Neal P. Curtin
Director
Defense Capabilities and Management
U. S. General Accounting Office
Washington, DC 20548

Dear Mr. Curtin:

This is the Department of Defense (DoD) response to the GAO draft report, "DEFENSE HEALTH CARE: Quality Assurance Process Needed to Improve Force Health Protection and Surveillance," dated August 12, 2003, (GAO Code 350216/GAO-03-1041). The Department concurs with the GAO draft report. Comments to the recommendation are enclosed.

Protecting the health of military personnel before, during, and after their deployment is a paramount concern of the Department of Defense and my office. Working with other OSD offices as well as the Military Services, the Joint Staff, and the Combatant Commands, my office has already established a quality assurance program for pre-and post-deployment health assessments. This program monitors pre- and post-deployment health assessments and blood samples being archived electronically at the Army Medical Surveillance Activity (AMSA) and assures that indicated referrals on the post-deployment health assessment are being conducted by all the Services. The Deployment Health Support Directorate has been monitoring the flow of pre- and post-deployment health assessments going to AMSA on a weekly basis since June 2003. We have also implemented several recent force health protection initiatives such as establishing an automated theater-wide health surveillance data collection and reporting system and developing DoD-wide individual medical readiness standards and reporting metrics. These initiatives will serve as the foundation of a broader more comprehensive force health protection and surveillance quality assurance program which will ensure compliance with DoD-wide force health protection policies, programs and metrics.

The Department appreciates the opportunity to comment on the GAO draft report. Our primary point of contact is Ellen Embrey, DASD/Force Health Protection and Readiness, at 703-578-8504.

Sincerely,

A handwritten signature in black ink, reading "William Winkenwerder, Jr.", is positioned above the typed name.

William Winkenwerder, Jr., MD

Enclosure:
As stated

GAO DRAFT REPORT DATED AUGUST 12, 2003
GAO-03-1041 (GAO CODE 350216)

**“DEFENSE HEALTH CARE: Quality Assurance Process Needed
to Improve Force Health Protection and Surveillance”**

Department of Defense Comments to the GAO Recommendation

RECOMMENDATION: The GAO recommended that the Secretary of Defense direct the Assistant Secretary of Defense/Health Affairs to establish an effective quality assurance program as required by section 795 of Public Law 105-85 (10 U.S.C. 1074f). (p.22/GAO Draft Report)

DoD RESPONSE: The Department concurs that an effective quality assurance program is essential to ensure compliance with force health protection and surveillance requirements.

The ASD/Health Affairs has already established a quality assurance program for pre- and post-deployment health assessments. This program monitors pre-and post-deployment health assessments and blood samples being archived electronically at Army Medical Surveillance Activity (AMSA) and assures that indicated referrals from the post-deployment health assessment are being conducted. The Deployment Health Support Directorate has been monitoring the flow of pre- and post-deployment health assessments going to AMSA on a weekly basis since June 2003.

The ASD/Health Affairs is also establishing and coordinating the parameters of a DoD force health protection and surveillance QA program with the Services. The elements of this comprehensive program include:

- The DASD/Force Health Protection and Readiness, on behalf of the ASD/Health Affairs, is responsible for developing and executing the DoD Force Health Protection and Health Surveillance Quality Assurance Program.
- An automated theater-wide health surveillance data collection and reporting system has been established. Theater-wide health surveillance data is now available on a near real-time basis to operational commanders and OSD medical leadership. The joint-Service system was established in January of this year and includes daily reports and weekly analyses prepared by the Air Force Institute for Operational Health.
- Individual medical readiness standards and metrics have been developed to provide operational commanders, Service headquarters, and OSD staff with the ability to monitor individual medical readiness across six key elements. Reporting by the Services to the Force Health Protection Council began in July.
- Metrics indicating degree of Service and Combatant Command compliance with ongoing theater health surveillance reporting requirements will be assessed at least monthly.

- Metrics indicating degree of Service compliance to individual medical readiness reporting requirements will be assessed at least quarterly based on inputs from the Services.
- Periodic audits of each Service QA program performance will be scheduled and performed. Specific focus will be on assurance that medical records have been appropriately updated with relevant deployment-related health and medical data.
- Periodic visits to Service installations and Combatant Command theaters will be conducted to assess effectiveness of their Force Health Protection programs, processes, and procedures.
- Recommendations derived from the DoD quality assurance program assessments, audits, and visits will be brought to the Force Health Protection Council prior to submission to the ASD/Health Affairs for approval.

The Services have implemented their QA programs. The Army has developed automated versions of the pre- and post-deployment health assessment forms, and has established a corporate monitoring system that is built upon deployment personnel rosters and monitored weekly by the Army Surgeon General. The Air Force Surgeon General is now receiving monthly deployment health surveillance compliance reports from its medical treatment facilities, and has scheduled an Eagle Look special compliance study through the Air Force Inspection Agency in FY2004. Navy fleet commanders have implemented their own QA programs, with anticipation of standardization through centralized automated systems. The Marine Corps has also established unit/command quality assurance procedures.

The DASD/Force Health Protection and Readiness will formally publish the Department's force health protection and surveillance quality assurance program policies by the end of the current calendar year. The ODASD/FHP&R and the Deployment Health Support Directorate will execute the DoD force health protections quality assurance program.